

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF  
COMMITTEE (in full)**USE FEC MAILING LABEL  
OR TYPE OR PRINT**Example: If typing, type  
over the lines

LIFEPOINT HOSPITALS INC GOOD GOVERNMENT FUND

ADDRESS (number and street)

103 POWELL COURT SUITE 200

☐Check if different  
than previously  
reported. (ACC)

BRENTWOOD

TN

37027

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00347955

3. IS THIS  
REPORT☒NEW  
(N)

OR

☐AMENDED  
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15  
Quarterly Report(Q1)☐July 15  
Quarterly Report(Q2)☐October 15  
Quarterly Report(Q3)☐January 31  
Quarterly Report(YE)☐July 31 Mid-Year  
Report(Non-election  
Year Only) (MY)☐Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)  
(Non-Election  
Year Only)☐

Mar 20 (M3)

☒

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)  
(Non-Election  
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day  
PRE-Election  
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the  
State of(d) 30-Day  
Post -Election  
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the  
State of

5. Covering Period

05

01

2007

through

05

31

2007

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Penny Brake

Signature of Treasurer

Electronically Filed by Penny Brake

Date

06

18

2007

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office Use Only							
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**FEC FORM 3X**  
(Rev. 02/2003)

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

LIFEPOINT HOSPITALS INC GOOD GOVERNMENT FUND

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	5	0	1	2	0	0	7

To:

M	M	D	D	Y	Y	Y	Y
0	5	3	1	2	0	0	7

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 <span>2007</span>		8122.84
(b) Cash on Hand at Beginning of Reporting Period .....	88696.31	
(c) Total Receipts (from Line 19) .....	10780.00	118816.00
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	99476.31	126938.84
7. Total Disbursements (from Line 31) .....	18503.31	45965.84
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	80973.00	80973.00
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

Federal Election Commission  
999 E street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE OF RECEIPTS**

FEC Form 3X (Rev. 02/2003)

Page 3

Write or Type Committee Name

LIFEPOINT HOSPITALS INC GOOD GOVERNMENT FUND

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	5	0	1	2	0	0	7

To:

M	M	D	D	Y	Y	Y	Y
0	5	3	1	2	0	0	7

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A) .....	10050.00	108491.00
(ii) Unitemized .....	730.00	10325.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	10780.00	118816.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b) and (c)) (Carry Totals to Line 33, page 5) .....	10780.00	118816.00
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	10780.00	118816.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	10780.00	118816.00

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	3.31	45.84
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➡	3.31	45.84
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	16500.00	35500.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	0.00
29. Other Disbursements.....	2000.00	10420.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share .....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	18503.31	45965.84
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	18503.31	45965.84

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	10780.00	118816.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	10780.00	118816.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	3.31	45.84
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	3.31	45.84

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 13

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

LIFEPOINT HOSPITALS INC GOOD GOVERNMENT FUND

<b>A.</b> Full Name (Last, First, Middle Initial) David Alley Mailing Address 204 Windrest PI NW City Cleveland State TN Zip Code 37312 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Athens Regional Medical Center Occupation CFO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 0 3 / 2 0 0 7 <b>Transaction ID:</b> SA11A1.6470 Amount of Each Receipt this Period 500.00
<b>B.</b> Full Name (Last, First, Middle Initial) John Berry Mailing Address 106 Hawthorn Lane City Richwinds State VA Zip Code 24641 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Wythe County Community Hosp. Occupation Interim CEO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 400.00		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 0 3 / 2 0 0 7 <b>Transaction ID:</b> SA11A1.6462 Amount of Each Receipt this Period 400.00
<b>C.</b> Full Name (Last, First, Middle Initial) Lisa Brandon Mailing Address 2820 Coohran Trace City Springhill State TN Zip Code 37174 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer LifePoint Hospitals, Inc. Occupation Director, Tax Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 400.00		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 0 3 / 2 0 0 7 <b>Transaction ID:</b> SA11A1.6463 Amount of Each Receipt this Period 400.00

**SUBTOTAL** of Receipts This Page (optional) .....

1300.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 7 / 13

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

LIFEPOINT HOSPITALS INC GOOD GOVERNMENT FUND

<b>A.</b> Full Name (Last, First, Middle Initial) Timothy Flusche Mailing Address 160 Eagles Peak Drive South City State Zip Code Bullard TX 75757 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer LifePoint Hospitals, Inc. Occupation CFO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ <div>750.00</div>		Date of Receipt <div>05 / 14 / 2007</div> <b>Transaction ID:</b> SA11A1.6489 Amount of Each Receipt this Period <div>750.00</div>
<b>B.</b> Full Name (Last, First, Middle Initial) Steve W. Frantz Mailing Address 101 Gillespie Drive Apt. 9105 City State Zip Code Franklin TN 37067 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Gateway Division Occupation CFO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ <div>500.00</div>		Date of Receipt <div>05 / 03 / 2007</div> <b>Transaction ID:</b> SA11A1.6464 Amount of Each Receipt this Period <div>500.00</div>
<b>C.</b> Full Name (Last, First, Middle Initial) Jimmy L. Matney Mailing Address 4248 E Cortez Street City State Zip Code Phoenix AZ 85028 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Valley View Medical Center Occupation CEO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ <div>500.00</div>		Date of Receipt <div>05 / 03 / 2007</div> <b>Transaction ID:</b> SA11A1.6456 Amount of Each Receipt this Period <div>500.00</div>

**SUBTOTAL** of Receipts This Page (optional) .....

1750.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 13

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

LIFEPOINT HOSPITALS INC GOOD GOVERNMENT FUND

<b>A.</b> Full Name (Last, First, Middle Initial) Christopher Monte		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 0 3 / 2 0 0 7
Mailing Address 804 Breckston Lane		<b>Transaction ID:</b> SA11A1.6467
City Nashville	State TN	Zip Code 37221
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer LifePoint Hospitals, Inc.	Occupation Vice President Tax	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

<b>B.</b> Full Name (Last, First, Middle Initial) Scott Raplee		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 0 3 / 2 0 0 7
Mailing Address 231 Lancelot Lane		<b>Transaction ID:</b> SA11A1.6466
City Franklin	State TN	Zip Code 37064
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1500.00
Name of Employer LifePoint Hospitals, Inc.	Occupation SVP, Ops CFO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00	

<b>C.</b> Full Name (Last, First, Middle Initial) Dana Rice		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 0 3 / 2 0 0 7
Mailing Address 2101 E Desert Lakes Drive		<b>Transaction ID:</b> SA11A1.6457
City Fort Mohave	State AZ	Zip Code 86426
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 400.00
Name of Employer Valley View Medical Center	Occupation CNO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

**SUBTOTAL** of Receipts This Page (optional) .....

2900.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 13

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

LIFEPOINT HOSPITALS INC GOOD GOVERNMENT FUND

<b>A.</b> Full Name (Last, First, Middle Initial) Paul Scalisi Mailing Address 9303 Old Smyrna Road City State Zip Code Brentwood TN 37027 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer LifePoint Hospitals, Inc. Occupation Director Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 1 8 / 2 0 0 7 <b>Transaction ID:</b> SA11A1.6488 Amount of Each Receipt this Period 500.00
<b>B.</b> Full Name (Last, First, Middle Initial) Scott Smith Mailing Address 1007 Woodview Court City State Zip Code Morgan City LA 70380 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Teche Regional Occupation CEO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 0 3 / 2 0 0 7 <b>Transaction ID:</b> SA11A1.6459 Amount of Each Receipt this Period 1000.00
<b>C.</b> Full Name (Last, First, Middle Initial) Thomas Weiss Mailing Address 9612 MitchellPlace City State Zip Code Brentwood TN 37027 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer LifePoint Hospitals, Inc. Occupation Division President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 3100.00		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 0 3 / 2 0 0 7 <b>Transaction ID:</b> SA11A1.6468 Amount of Each Receipt this Period 2100.00

**SUBTOTAL** of Receipts This Page (optional) .....

**3600.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 13

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

LIFEPOINT HOSPITALS INC GOOD GOVERNMENT FUND

**A.**

Full Name (Last, First, Middle Initial)

Vail Willis

Mailing Address 2150 Albany Drive

City

Franklin

State

TN

Zip Code

37067

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
LifePoint Hospitals, Inc.

Occupation

Vice President/Physician Services

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 0 3 / 2 0 0 7

Transaction ID: SA11A1.6465

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

500.00

**TOTAL** This Period (last page this line number only) .....

10050.00

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 11 / 13

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

LIFEPOINT HOSPITALS INC GOOD GOVERNMENT FUND

Full Name (Last, First, Middle Initial)

**A.** Barbour for Governor

Mailing Address PO Box 139

City  
Jackson

State  
MS

Zip Code  
39205

Purpose of Disbursement  
fundraiser

Candidate Name  
Barbour for Governor

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2007  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: MS District:

Transaction ID: SB23.6477

Date of Disbursement

05 / 24 / 2007

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B.** DAVIS, ARTUR G

Mailing Address Post Office Box 1845

City  
Birmingham

State  
AL

Zip Code  
35201

Purpose of Disbursement  
campaign

Candidate Name  
DAVIS, ARTUR G

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: AL District: 7

Transaction ID: SB23.6474

Date of Disbursement

05 / 24 / 2007

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

**C.** FRIENDS FOR HARRY REID

Mailing Address PO BOX 19163

City  
LAS VEGAS

State  
NV

Zip Code  
89132

Purpose of Disbursement  
fundraiser

Candidate Name  
FRIENDS FOR HARRY REID

Category/  
Type

Office Sought: ☐ House  
☒ Senate  
☐ President

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: NV District: 00

Transaction ID: SB23.6453

Date of Disbursement

05 / 02 / 2007

Amount of Each Disbursement this Period

5000.00

**SUBTOTAL** of Disbursements This Page (optional) .....

6500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 12 / 13

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

LIFEPOINT HOSPITALS INC GOOD GOVERNMENT FUND

Full Name (Last, First, Middle Initial)

**A. FRIENDS OF MAX BAUCUS**

Mailing Address BOX 586

City  
HELENA

State  
MT

Zip Code  
59624

Purpose of Disbursement  
fundraiser

Candidate Name  
FRIENDS OF MAX BAUCUS

Category/  
Type

Office Sought: ☐ House  
☒ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: MT District: 00

Transaction ID: SB23.6481

Date of Disbursement

05 / 24 / 2007

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

**B. GRASSLEY COMMITTEE**

Mailing Address PO BOX 1000

City  
DES MOINES

State  
IA

Zip Code  
50304

Purpose of Disbursement  
fundraiser

Candidate Name  
GRASSLEY COMMITTEE

Category/  
Type

Office Sought: ☐ House  
☒ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: IA District: 00

Transaction ID: SB23.6476

Date of Disbursement

05 / 24 / 2007

Amount of Each Disbursement this Period

5000.00

**SUBTOTAL** of Disbursements This Page (optional) .....

10000.00

**TOTAL** This Period (last page this line number only) .....

16500.00

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 13 / 13

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

LIFEPOINT HOSPITALS INC GOOD GOVERNMENT FUND

Full Name (Last, First, Middle Initial)

**A.** Dan Bowling for Delegate

Mailing Address PO Box 39

City  
North Tazewell

State  
VA

Zip Code  
24630

Purpose of Disbursement  
fundraiser

Candidate Name  
Dan Bowling for Delegate

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2007  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: VA District: 3

Transaction ID: SB29.6479

Date of Disbursement

05 / 24 / 2007

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

**B.** Puckett for Senate

Mailing Address PO Box 924

City  
Tazewell

State  
VA

Zip Code  
24651

Purpose of Disbursement  
fundraiser

Candidate Name  
Puckett for Senate

Category/  
Type

Office Sought: ☐ House  
☒ Senate  
☐ President

Disbursement For: 2007  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: VA District: 38

Transaction ID: SB29.6480

Date of Disbursement

05 / 24 / 2007

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

**C.** Thayer for Senate

Mailing Address 102 Grayson Way

City  
Georgetown

State  
KY

Zip Code  
40324

Purpose of Disbursement  
fundraiser

Candidate Name  
Thayer for Senate

Category/  
Type

Office Sought: ☐ House  
☒ Senate  
☐ President

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: KY District: 17

Transaction ID: SB29.6472

Date of Disbursement

05 / 04 / 2007

Amount of Each Disbursement this Period

1000.00

**SUBTOTAL** of Disbursements This Page (optional) .....

2000.00

**TOTAL** This Period (last page this line number only) .....

2000.00